GENERAL HEADQUARTERS
UNITED STATES ARMY FORCES, PACIFIC
Office of The Chief Surgeon

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CIRCULAR LETTER NO. 29

VENEREAL DISEASE (VD) CONTROL

1. The venereal diseases are a problem of the first magnitude in this command. It is essential that all available means be mustered to control their incidence.

2. Since the onset of the Philippine Campaign, the previously low venereal disease rates have risen sharply. Current rates for all troops stationed in the Philippine Islands are approximately 175/1000/annum, and in the absence of more vigorous control measures, these high rates may be expected to continue or to increase still further. The problem will become one of even greater importance as large numbers of troops enter the Philippine area for leave or for staging in preparation for future operations. At the present time the main source of infection of military personnel is through contact with prostitutes who, though present in rural communities, are more numerous and accessible in the cities. While the virulence of the venereal diseases and their response to treatment are similar to that encountered in the United States, the incidence of chancroid is ten to twenty times as great, and this disease is responsible for a large number of non-effective days.

3. Surveys reveal that the VD control campaign in the Philippines is being hampered by misconceptions existing not only in the troops, but also among medical and commanding officers. These misconceptions relate to the "safety" of prostitutes and the uniform success of prophylactic and treatment measures. In these respects attention is directed to the following facts:

a. The medical examination of prostitutes at whatever intervals is completely worthless as a measure of definition of freedom from venereal disease. Chronic gonorrhea in the female cannot be diagnosed with accuracy by any medical means in at least half of women so infected; there are symptomless female carriers of syphilis, chancroid, and lymphogranuloma venereum. Moreover, a prostitute actually free from infection at any given examination may be infected an hour later and remain a source of infection for the days or weeks preceding the next examination.

b. Neither mechanical or chemical prophylaxis, either alone or in combination, is certain prevention of any venereal disease, especially syphilis.

c. While penicillin properly employed cures a large proportion of cases of gonorrhea (95-98 per cent), the dosage used for gonorrhea may delay or even completely mask the signs of a simultaneously acquired syphilitic infection, thus obscuring the diagnosis of syphilis during the period when treatment is most effective.

d. The optimum method of use of penicillin for the treatment of syphilis has not yet been determined. The treatment system currently in use in the U. S. Army has been adopted for reasons of military exigency; the probable relapse rate and the eventual clinical outcome have not yet been accurately defined. Despite penicillin, syphilis is still a serious life endangering disease, and will remain so.

4. Command Responsibility. Adequate VD control programs involve many methods of approach, both through medical and command channels. However, the recognition by the command of its responsibility for VD is imperative and, in this connection, attention is directed to letter, GHQ, AFPAC, AG 726.1 (13 July 45)MD, which is quoted in part as follows:

"1. * * * The control of venereal disease is primarily a command responsibility and for the performance of that duty unit commanders will be held strictly accountable."

"2. It is desired that the medical reports of all elements of your command be examined, and that appropriate corrective measures be taken with respect to decreasing rates in elements which show such increases. Control measures which may be employed are contained in Section VII, Venereal Diseases, AR 40-210, subject: "Prevention and Control of Communicable Diseases of Man," dated 25 April 1945 and in current theater circular letters."

5. VD Control Measures. The following measures for reducing the incidence of VD in military personnel are presented. It is recognized that due to local conditions these recommendations will not be applicable to all units. However, all of them have been repeatedly utilized with success in various organizations.

a. Personnel.

(1) VDC Officers. In large bases and commands full time qualified venereal disease control officers are available to lower echelons for consultation and advice in specific problems. Smaller headquarters or commands, because of geographical location and severity of the problem, may require full time VD officers. If such officers are not available locally, they may be requisitioned through channels. At stations to which a full time VD control officer is not regularly assigned, a medical officer should be designated to

perform this duty in addition to his other duties. These VD control officers should, in so far as possible, possess special training or experience in the venereal diseases and in public health.

(2) Non-commissioned VD Control Officers. Experience has demonstrated the value of designating superior non-commissioned officers for venereal disease control work. These are usually the platoon or company sergeant who, after preliminary training by the VD CO, assumes responsibility for the VD rate in his unit, assuring ready availability of individual prophylactic kits, stimulates interest on the part of the soldier in avoiding VD, and carries out other educational features as directed. For the operation of a program of this type, reference should be made to W.D. Circular No. 88, subject: "Venereal Disease Control among Negro Troops", dated 25 February 1944.

b. VD Education.

(1) The most important single educational method is the personal discussion with small groups of soldiers by the commanding officer, the medical officer and the non-commissioned officer. These discussions, in addition to imparting ordinary information in respect to venereal diseases and their prevention, should stress:

(a) The fact that syphilis is still a serious disease despite penicillin and that penicillin has no therapeutic effect in chancroid, lymphogranuloma and granuloma inguinale.

(b) The fact that prostitution cannot be made safe through any system of medical examination and that over 75% of prostitutes in the Pacific Area are infected with one or more of the venereal diseases, and further, that 30% of these prostitutes are found to have genital ulcers while practicing their profession.

(c) The increased importance of immediate prophylaxis, particularly the great need and proper use of the condom.

(d) The fact that individuals with infectious venereal disease cannot be shipped home under the Readjustment Regulations during the infectious period.

(e) The surest method of preventing VD is continence.

(2) The Chaplain should present the moral issues involved in his talks with troops.

(3) Educational materials such as posters, pamphlets, and films will from time to time be provided from the theater level. In addition, it is frequently profitable to produce educational materials on a local level, particularly cards or posters listing the location of prophylactic stations, posters showing comparative rates of units within the organization, and publicity in local service newspapers.

c. Prophylaxis.

(1) Mechanical prophylactics (condom) and pro-kits should be made freely available or issued to all military personnel going on pass or leave and to Army and Navy personnel at all prophylactic stations, at Information Stations of the Military Police, and at such other centrally located points as may be indicated.

(2) Prophylactic stations should be established at all cities, towns or districts frequented by troops. They should be sufficient in number to prevent congestion, and should be so located as to be readily accessible to areas of exposure. They should be clean, render efficient and courteous service, and afford some degree of privacy. Prophylaxis should also be made available at all dispensaries. Prophylactic stations should be conspicuously marked, and in the cities, directional signs as to location are of value.

(3) Compulsary prophylaxis should be given to all soldiers returning to camp in an intoxicated condition.

(4) Oral Prophylaxis.

(a) Authorization. Oral sulfadiazine prophylaxis is authorized for use as desired, and is considered a particularly valuable VD control measure in view of the high incidence of chancroid, although it is of no value in preventing syphilis. Oral sulfadiazine prophylaxis may be made compulsary in certain units with exceptionally high rates.

(b) Method. Oral sulfadiazine prophylaxis, when given during the first 8 hours following exposure, should be accompanied by ordinary prophylactic procedures, particularly the calomel ointment. From 8 to 24 hours after exposure, sulfadiazine may be given without other prophylactic procedures. The dose should be a single administration of 2 gms. of the drug, taken in the presence of an attendant.

d. Civilian Coordination. Careful and complete venereal contact histories should be taken from each infected soldier. While the girl's name and exact address will not be obtainable in many instances, special care should be taken to obtain the location of the place of contact. Street diagrams are frequently useful in this connection. Also, arrangements may be made with investigating agencies for soldiers to actually point out places of exposure. All possible aid and encouragement should be given to local health and police authorities in locating and treating infected girls.

e. Prostitution. A vigorous program for the repression of prostitution is probably the single most effective venereal disease control measure. The mere scattering of prostitutes from organized houses to individual operations as street-walkers will reduce the number of potentially infectious contacts with military personnel. Despite such scattering, prostitutes may still be apprehended, examined and treated. In this connection, attention is directed to letter, GHQ, AFPAC, AG 726.1 (12 Jul 45)MD, Subject: "Control of Prostitution", quoted in part as follows:

"1. * * * It is desired that, in conformity with the law of the Philippine Government that prostitution is illegal, and with War Department AGO secret memorandum, 24 April 1945, subject: "Prostitution in Overseas Theaters of Operation" (AG 726.1 OB-S-A-SPGAM-M), the Chief Provost Marshal, in cooperation with the Philippine authorities, carry out a program of vigorous repression of prostitution." This letter is interpreted to make mandatory upon commanding officers the vigorous repression of prostitution in all areas frequented by military personnel. Commanding officers will, in so far as possible, aid and assist civilian authorities in the repression of prostitution. All houses of prostitution, identified through venereal contact histories, the Military Police and civilian police and health officers, will be placed "Off Limits" to military personnel, and measures will be instituted to apprehend and punish military personnel violating such "Off Limits" restrictions.

f. Miscellaneous Control Measures.

(1) Recreation. The provision of adequate recreation facilities, such as lounge, rest, writing and indoor games room; soft drink, beer, and snack bars; dances, motion

pictures; beach bathing facilities, organized sightseeing, athletics, large PX centers complete with bowling alley, pool tables, restaurants, barber shops, soda fountains, etc. is of inestimable value in controlling VD.

(2) Restrictions in Camp. Limitations of leave or pass, particularly to congested areas, and bed checks have proven to be of considerable value in reducing the actual number of exposures. These measures are recommended for all units with high VD rates.

(3) Exclusion from camp areas of all civilians except those on official business. Particular care should be exercised to assure that laundresses or others do not practice prostitution in the camps or in the immediate vicinity.

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